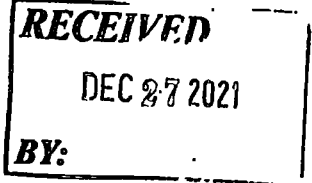


**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV



**COMPLAINT INVESTIGATION FORM**

*If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian*

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: DEC. 27, 2021

Case Number: 22-59

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Mckenna Thompson

Premise Name: Continental Animal Wellness Center

Premise Address: 4405 E Huntington Dr

City: Flagstaff State: AZ Zip Code: 86004

Telephone: (928) 522-6008

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Cameron Kern

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

**\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.**

**C. PATIENT INFORMATION (1):**

Name: Edna  
Breed/Species: Maine Coon  
Age: 14 Sex: Female Color: Black and Grey

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Mckenna Thompson, 4405 E Huntington Dr Flagstaff, AZ 86004 928-522-6008

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Amber Vigil, \_\_\_\_\_

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 12/18/21

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

On November 1st 2021 I took my cat Edna into Continental Animal Wellness Center for a tooth abscess. I arrived at 3:10pm for my appointment at 3:30pm and waited until almost 4pm to be seen. When I got brought back the veterinarian assistant kept calling me Edna I told her my cat was Edna and I am Cameron. Dr. Thompson came in and said she thinks it is a tooth abscess and she should get it out as soon as possible because just giving her antibiotics for the rest of her life would not give her the best quality of life. I expressed my concerns of how I was extremely weary of her going under anesthesia because of her age, Dr. Thompson was very reassuring that we would have previous lab work done so we would know beforehand if anything were to happen and I would be notified before as well. Dr. Thompson sent me home with antibiotics 0.2 of Meloxidyl Suspension and 2mg of Clindamycin Drops to give her for the next 24 hours before her procedure on Wednesday. On Wednesday November 3rd 2021 I brought Edna in for her procedure I expressed my concerns about her going under again and they had me sign all the paperwork that said her labs and blood work would be done before anything is started to make she is able to make it through the procedure. Amber Vigil took her back and I got a call about an hour after saying they "noticed" her heart had stopped beating and were doing cpr, I told them to stop after 12 minutes. The Office Manager Brianna Clark said that I could come pick her up so I rushed over and waited in the lobby sobbing for about 15 minutes until she brought me back to the room with Edna wrapped in a bloody towel laying on the counter. When I got brought back I was asking what had happened and Brianna did not have any answers and was uncaring about the situation. She asked if I would like another veterinarian to come in while waiting for Dr. Thompson I said yes the other vet never came. Dr. Thompson came in 20 minutes later with Brianna she said she also did not have any idea to why Edna passed and was very unprofessional the entire time. I did not feel as though they performed proper practices and that led to her passing so I asked for all of her lab work and any documents they had for her. Dr. Thompson said she needed to finish her notes and I could get them that night. During the day I called to ask when the labs would be ready the assistant at the desk said that Dr. Thompson has had other clients all day but will get to it soon. I got a call from Brianna saying they were ready at the time of closing so I wouldn't have enough time to go pick them up I asked if she could just email them to me she said it would be a lengthy process to email them so she would do it in the morning. In the morning I received the labs they were very blurry so I went in to pick up hard copies I called saying I was coming and Brianna said that it would take a lot longer than 15 minutes to print them out I said that was okay and I will just wait until they are done in the parking lot. On my way there I get another phone call from Brianna saying they are ready now and they would be closing in 5 minutes for lunch so if I want to get them I have to do it now I rushed over and got them. Going over the labs and doing my own research I found a lot of malpractice. After 2 weeks Brianna emailed me to ask if they could have consent to share Edna's information with my mom although they had already shared the paperwork without my consent. They are still trying to charge me over \$1200 for procedures they said they did but did not perform if it could be completely comped or my bill be extremely discounted I would greatly appreciate it.

**McKenna Thompson Narrative Statement:**

In re: 22-59 (McKenna Thompson)

To Whom It May Concern:

Edna presented to Continental Animal Wellness Center on November 1<sup>st</sup>, 2021 for an appointment to evaluate swelling associated with the right caudal mandibular region. Edna was a 14-year-old, female spayed, Maine coon cross. She weighed 7.4 pounds, had a temperature of 100°F, a heart rate of 138bpm, and a respiratory rate of 22bpm.

The Complainant, Cameron Kern, reported that he and his girlfriend had noticed a lump on the lower right side of Edna's jaw two weeks prior. Five days prior to the exam, Cameron noticed bloody/purulent discharge coming from the lump. Edna was eating wet food but had discontinued eating dry food and had an overall decreased appetite. Cameron was very concerned with Edna's quality of life because she was having difficulty eating. Cameron reported that Edna had been hiding more and was just not acting like herself. Edna was reported as consuming water within normal limits, was not coughing, sneezing, vomiting, or having diarrhea. Edna had no drug allergies and was not on any medications.

On physical examination, Edna was BAR (bright, alert, and responsive), with a BCS of 4/9. Her eyes, ears, and nose were within normal limits. There was a large, firm, ~2.5cm, round swelling at the right caudal mandibular region. Purulent material was present at the swelling. It was difficult to fully examine Edna's mouth due to patient compliance (it was apparently painful for Edna to open her mouth), but I could smell malodor from her mouth, visualize purulent material draining from inside her mouth. I could not visualize 104-109 or 404-409 due to the swelling and patient compliance. 204-209 and 304-309 were within normal limits. There were no palpable peripheral lymphadenomegaly. No murmurs or arrhythmias auscultated with normal bronchovesicular sounds. The abdomen was soft on palpation.

I informed Cameron and his girlfriend that I suspected a tooth root abscess based on the history and physical examination and recommended scheduling an anesthetized dental cleaning with radiographs to further evaluate the diseased teeth, as well as drain and flush the abscess. I specifically discussed the risks associated with geriatric cats and I therefore recommended performing a geriatric panel to IDEXX, including a complete CBC, biochemistry panel (chem25), urinalysis, and thyroid analysis. Cameron stated that he could not afford to do the full panel. I then recommended that we at least perform a partial biochemistry panel (chem17) on the day of the procedure. It would at least allow me to evaluate if Edna's kidney and liver function were appropriate for handling anesthesia. The chem17 was approved.

I also discussed antibiotics with the owners. I explained that while antibiotics may improve clinical signs; if the original cause of the abscess was due to diseased teeth, then antibiotics would be a short-term solution, especially if Edna is already exhibiting a decrease in appetite. Cameron and his girlfriend agreed and decided to schedule the dental procedure. I dispensed the following medications: Clindamycin Drops 25mg/mL: 2mLs by mouth once daily until gone; Meloxidyl Suspension 1.5mg/mL: 0.2mLs by mouth once daily for 8 days. The procedure was scheduled for Wednesday, November 3<sup>rd</sup>.

Cameron presented Edna at the clinic on Wednesday morning and technician Amber Vigil performed the surgery check-in (please refer to her notes regarding this interaction). Blood was pulled for a chem17 in house. The only values out of range were globulin at 5.2g/dL (normal range is 2.8-5.1g/dL) and amylase 1,534U/L (normal range 500-1,500U/L). I determined that the mildly elevated globulins were likely

related to chronic inflammation from dental disease and the abscess, although I could not rule-out neoplasia of unknown etiology. I determined that the amylase was either spurious or due to mild primary or secondary gastrointestinal disease. A hematocrit was also obtained and was 48%.

I determined that this bloodwork was appropriate for anesthesia as all other values, including kidney and liver values, were within normal limits. On physical examination, Edna weighed 7.6 pounds, had a temperature of 101.2°F, had a heart rate of 148bpm, and a respiratory rate of 36bpm. Her mucous membranes were pink and her capillary refill time was less than 2 seconds. The abscess had improved slightly but was still present. Edna was then prepared for anesthesia. She was given Cerenia 10mg/mL – 0.34mLs – subcutaneously at 8:20am. A 22g IV catheter was placed in Edna's left cephalic vein. She was then sedated with Dexmedetomidine 0.5mg/mL – 0.15mLs – and Ketamine 100mg/mL – 0.15mLs – intramuscularly in a combined syringe at 9:30am.

When adequately sedated, Edna was transferred to the dental surgical table. Under my supervision, the technicians placed a 3.0mm endotracheal tube and hooked her up to our monitoring equipment, including an ECG, SPO2, CO2, BP, and thermometer. She was placed on flow-by oxygen and isoflurane inhalant, starting at 2% [please refer to the anesthesia monitoring sheet for details regarding monitoring values]. LRS IV fluids began at the time of induction at a rate of 17mLs/hr. Isoflurane was started at 9:40am and radiographs were started at 9:42am. Full mouth dental radiographs were obtained by our technicians. I then evaluated the radiographs and determined that 407-409 were diseased with horizontal bone loss and resorptive lesions. There was also a retained root for 104 that would need extraction. The remaining teeth appeared within normal limits radiographically but would be further evaluated with physical examination and dental probing. I then proceeded to use a #11 blade to incise into the abscess. Purulent material was expressed. The abscess had opened and was draining on the labial aspect. The abscess was flushed with chlorhexidine solution, taking care to ensure none was splashing into the eyes or back into the throat.

Severe dental calculus, gingival recession, and tooth resorption was present at 407-409. I then used a #11 blade and periosteal elevators to elevate the gingiva associated with 407-409. After proper exposure of the gingival bone, I used the drill to expose the roots of 407-409 and begin sectioning the roots for extraction.

I then noticed that the ECG was showing asystole. I confirmed via auscultation and began cardiopulmonary resuscitation with chest compressions and medical support, starting at 10:22am. LRS IV bolus was started at 10:22am. Epinephrine 1mg/mL – 0.05mLs IV – at 10:24am. Atropine 0.4mg/mL – 0.03mL IV – at 10:29am. Epinephrine 1mg/mL – 0.5mL IV – at 10:34am. My team, including myself, continued providing respiratory support by using the anesthetic bag to provide breaths for Edna, as well as continue performed chest compressions, following appropriate procedures and standard of care for performing CPR. My team continued performing CPR while I called Cameron to discuss what had happened. I also told him that we were performing CPR and Edna remained in asystole. I asked Cameron if he would like me to continue performing CPR or if he authorized discontinuing further efforts. Cameron authorized for me to stop performing CPR and all efforts were discontinued. I confirmed asystole via auscultation.

Cameron's mother called the clinic shortly after these events and initially spoke with Amber Vigil. The mother also asked to speak with me, so I called and spoke with her over the phone [see recorded phone conversations submitted with this response]. As professionally and empathetically as possible, I

explained step-by-step Edna's intake, pre-anesthetic bloodwork, and anesthetic record. I explained that Edna's pre-anesthetic exam was within normal limits and her pre-anesthetic bloodwork was overall within normal limits and not concerning for anesthesia. Cameron's mother, Kelly, stated she understood, and that sometimes anesthetic death happens. I agreed and explained that anesthetic deaths are rare/uncommon, but can still happen, as anesthesia always carries an inherent risk. I told Kelly that at this time, I did not know what caused Edna's anesthetic death. Kelly understood and I told Kelly that my office manager, Brianna Clark, would be discussing the bill with her as Kelly expressed interest in paying the entire bill for Cameron. Kelly appreciated the call and we ended the conversation.

I then called Cameron – he expressed that he would like to discuss Edna's case and the events that occurred when he came to pick up her body in approximately one hour (he could not give an exact time as at that moment he said he was out walking his dog). I agreed to discuss Edna's case with him in person.

When Cameron arrived at the clinic around 12pm, I could not meet with him right away as I was finishing up another procedure. He and his girlfriend were escorted into one of our examination rooms to spend some time with Edna's body and await my arrival. I could hear them expressing their grief very vocally. Shortly after, I entered the room with my office manager, Brianna Clark. Both Cameron and his girlfriend were visibly upset, but his girlfriend was irate. She repeatedly expressed how she hated me, the clinic, that she does not trust "these people", and that we killed Edna, all while slewing profanities at me. She said we do not care about animals. I told his girlfriend that I understand her grief and how shocking this must be for them. I apologized that they were going through such grief. I told them both that I care deeply about animals and my job as a veterinarian. Cameron's girlfriend became increasingly verbally aggressive, so before proceeding with an explanation of the events, I told her that I did not appreciate the way she was speaking to me or about my team and that we would not continue this conversation unless she discontinued her verbal assault. Cameron's girlfriend calmed down slightly at this, enough for me to continue.

I explained the events of the day, step-by-step, and that I suspected that there might have been an underlying condition that ultimately caused Edna's anesthetic death, such as cardiac disease, that went undetected on physical examination or her pre-anesthetic bloodwork. I explained that in the event it was underlying cardiac disease, such as hypertrophic cardiomyopathy, it can often be difficult to diagnose in cats as they often do not present with heart murmurs and can even go undetected on thoracic radiographs. They can only be definitively diagnosed with an echocardiogram by a cardiologist and that it was not typical standard of care to have an echocardiogram performed on every cat prior to anesthesia. I explained that ultimately, I did not know what caused Edna's death. I offered and recommended that an independent necropsy be performed by a pathologist at Midwestern University in Phoenix. Brianna Clark offered this service free of charge. Cameron's girlfriend expressed interest in having this performed, but Cameron declined the service and decided to take Edna's body home. I ended up repeating the events during this conversation twice due to the continual, confrontational questioning by Cameron's girlfriend. Cameron sat on the exam room bench through the entire conversation, with his head in his hands, and did not say very much. At the end of the conversation, Cameron's girlfriend apologized and expressed that they were just upset, and I was the person they are directing their grief. I responded that I understood. They both left with Edna's body.

On November 4<sup>th</sup>, Cameron's mother expressed interest in discussing the care that Edna received with me again. I called her back and left a message on her voicemail to discuss Edna's medical record. I never received a call back.

Please refer to email and text message communications between Cameron, Cameron's mother, and Brianna Clark for finishing details as I no longer had personal further interactions with the Kern family.

This unexpected and unforeseeable anesthetic death has been hard on all concerned and I assure you that my staff and I take this case very seriously. I have relived these events over and over again and, even with the benefit of hindsight, I would not have done anything differently from a medical standpoint. Thank you.

A handwritten signature in black ink, appearing to read 'McKenna Thompson', written in a cursive style.

Dr. McKenna Thompson

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

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**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, DVM - **Absent**  
Christina Tran, DVM  
Carolyn Ratajack - **Acting Chair**  
Jarrod Butler, DVM  
Steven Seiler

**STAFF PRESENT:** Tracy A. Riendeau, CVT - Investigations  
Marc Harris, Assistant Attorney General

**RE:** Case: 22-59

Complainant(s): Cameron Kern

Respondent(s): McKenna Thompson, DVM (License: 7568)

**SUMMARY:**

Complaint Received at Board Office: 12/27/21

Committee Discussion: 5/3/22

Board IIR: 6/15/22

**APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On November 3, 2021, "Edna," a 14-year-old female Main Coon mix was presented to Respondent to lance an abscess in the oral cavity and a dental procedure. Blood work was preformed prior to surgery, the cat was anesthetized and the procedure was started. During the procedure, the cat's heart stopped – resuscitation efforts were started. Complainant was contacted and authorized discontinuing CPR.

**Complainant was noticed and appeared.**

**Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: Cameron Kern
- Respondent(s) narrative/medical record: McKenna Thompson, DVM



**PROPOSED 'FINDINGS of FACT':**

1. On November 1, 2021, the cat was presented to Respondent due to a swelling on the right side of the cat's jaw. Complainant reported that he noticed the lump approximately 2 weeks prior, and then approximately five (5) days later he saw blood and puss coming from the lump. The cat was continuing to eat wet food but had stopped eating dry, began to hide and not act himself.
2. Upon exam, the cat had a weight = 7.4 pounds, a temperature = 100 degrees, a heart rate = 138bpm, and a respiration rate = 22rpm; BCS 4/9. Respondent noted an approximate 2.5cm, round swelling at the right caudal mandibular region. Purulent material was present at the swelling. Respondent could not fully evaluate the cat's mouth as it appeared to be painful when trying to open her mouth. Respondent was able to smell a foul odor from the cat's mouth and could see purulent material draining from inside the mouth.
3. Respondent advised Complainant that she suspected a tooth root abscess based on the history and physical examination – she recommended scheduling an anesthetized dental cleaning with radiographs to further evaluate the diseased teeth, as well as drain and flush the abscess. Respondent relayed the risks associated with geriatric cats and recommended a complete blood and urine panel. Complainant stated that he could not afford a full panel but approved a partial chemistry on the day of the procedure to evaluate the cat's kidney and liver values. He also approved the dental procedure and the cat was discharged with the following:
  - a. Clindamycin drops; 2mLs orally once a day until gone; and
  - b. Meloxidyl Suspension, 1.6mLs; 0.2mL orally once a day for 8 days.
4. On November 3, 2021, the cat was presented to Respondent for the oral evaluation and dental procedure. Ms. Vigil checked the cat in and asked routine questions of Complainant. There were concerns about an abscess in the mouth; additional blood work was discussed; and CPR was approved – Complainant left the premises.
5. Chemistry panel revealed a slightly elevated globulin and amylase. The cat was examined; weight = 7.6 pounds, temperature = 101.2 degrees, pulse rate = 148bpm, respiration rate = 36rpm. The abscess had improved slightly but was still present. The cat was administered cerenia; an IV catheter was placed and the cat was sedated with dexmedetomidine and ketamine IM. Once sedated, the cat was intubated, hooked up to monitoring equipment and placed on oxygen and isoflurane. Lactated Ringer's Solution was started at 17mL/hr and dental radiographs were obtained.
6. Respondent reviewed the dental radiographs and determined that teeth 407 – 409 were diseased with horizontal bone loss and resorptive lesions. There was also a retained tooth root for tooth 104 that would need extraction. Radiographically, the remaining teeth appeared within normal limits and would be further evaluated with dental probing. Respondent incised into the abscess – purulent material was expressed and the abscess was flushed. Severe dental calculus; gingival recession, and tooth resorption was present at 407 – 409. Respondent used a scalpel

and periosteal elevators to elevate the gingiva associated with 407 – 409. After proper exposure of the gingival bone, Respondent used the drill to expose the roots of 407 – 409 and began sectioning the roots for extraction.

7. At this time, Respondent noticed that the ECG was showing asystole. She confirmed via auscultation and CPR was initiated. The cat was administered bolus fluids, two doses of epinephrine and a dose of atropine, along with chest compressions and respiratory support. While staff continued resuscitation efforts, Respondent contacted Complainant to discuss what transpired. The cat was not responding to CPR therefore she asked Complainant if he wanted her to continue or cease CPR efforts. Complainant gave authorization to discontinue CPR.

8. Later that day, Respondent spoke to Complainant's mother to explain what happened to the cat. Respondent detailed the day's events to her.

9. Complainant arrived at the premises a short time later to visit with the cat and speak with Respondent. Respondent entered the room some time later; Complainant's girlfriend was verbally abusive, expressing her hatred for Respondent, and using profanities. Respondent requested Complainant's girlfriend to not speak to her, or staff, in that manner and would not continue the conversation if the verbal assault continued (Complainant's girlfriend later apologized). Respondent explained that there could have been an underlying condition that caused the cat's anesthetic death such as cardiac disease. Ultimately, she did not know what caused the cat's death and offered to have a necropsy performed at Midwestern University at no charge. Complainant declined and elected to take the cat's remains home.

#### **COMMITTEE DISCUSSION:**

The Committee discussed that it is always difficult to lose a pet unexpectedly. There were conversations surrounding more extensive testing in an aging cat as well as trying antibiotic prior to moving forward with an anesthetic procedure. Given the description of the cat's mouth and how long it had been going on, the Committee agreed with Respondent that antibiotics would not have solved the issue. In this case, there was no other option but an anesthetic procedure – the outcome may not have been preventable. There is potential for heart disease in Main Coon cats, however like a lot of heart disease, if nothing is heard and there are no chest radiographs or other diagnostic testing, it is almost impossible to figure out if there is an underlying issue. There was no evidence on physical exam.

The Committee questioned the use of dexdomitor in an older cat however Respondent did lower the dose that was administered – although reversal of the dexdomitor is typically part of a CPR protocol.

#### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

#### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

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Tracy A. Riendeau, CVT  
Investigative Division